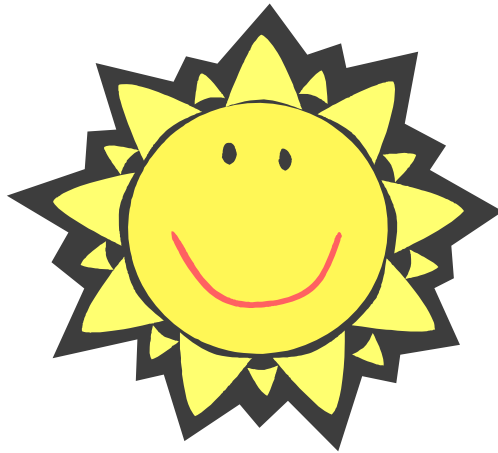


SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

2007 Sponsor's Instructional Handbook



Food That's In When School Is Out



Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620

SFSP 2007 Sponsor's Instructional Handbook Contents

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Checklist for the Summer Food Service Program (SFSP)

Forms to complete and keep on file (**bold** indicates forms that must be completed daily):

- _____ Approved Agreement, Application, Budget, and Site Information Sheets (online at <http://data.opi.mt.gov/CNP/Login.asp>)
 - _____ Evidence to show eligibility for each site based on serving needy children
(or in the case of camps and enrolled sites, evidence is individually documented to show those children as being eligible for free or reduce price school meals)
 - _____ Letter from IRS showing tax-exempt status *(for private nonprofit sponsors)*
- _____ Pre-approval site visit forms *(one must be completed for each site)*
- _____ Site Review Form *(one for each site within the first four weeks of operation)*
- _____ Racial/Ethnic Data Form *(as part of the Site Review Form)*
- _____ Off-site Activity Form/Field Trip Request Form *(this only needs to be filled out if off-site activities are planned. Must be submitted to OPI at least one week in advance, and written approval must be received from this office.)*
- _____ Training Certification Form *(must document that all staff have received training)*
- _____ Enrollment Information Form *(must be returned to OPI before the beginning of the program)*
- _____ Free and Reduced-Price Application *(use only as needed for enrolled sites)*
- _____ **Daily Meal Count Form** *(one form must be completed for each meal at each site)*
- _____ Monthly Meal Summary Form
- _____ Inventory *(Physical Inventory must be completed at the beginning and end of operation and once a month)*
- _____ Closing Inventory Report *(must be submitted to OPI before the last claim for reimbursement will be approved)*
- _____ Monthly Meal Cost Summary
 - _____ Receipts, invoices, and bills for all rented or purchased items and services
 - _____ Purchase invoices
 - _____ Payroll and time-attendance records for site and administrative personnel
 - _____ Trip Record *(as applicable)*
 - _____ Bank statements and deposit slips
- _____ **Production Record** *(one must be completed for each meal served)*
- _____ **Receiving Record** *(as applicable, one must be completed for each meal served at receiving sites)*
- _____ Public Release *(must be submitted to the local paper or other source of advertisement prior to the beginning of program operations)*
- _____ Letter to sanitarian *(must be submitted to the local county health department prior to beginning of program operations)*

Records to support funds accruing to the Program (as applicable):

- _____ Site records of cash collected
- _____ Copies of receipts given for cash donations
- _____ Records of any other funds received for the Summer Food Service Program

Other records (as applicable):

- _____ Agreement with schools to furnish meals
- _____ Contract with food service management company
 - _____ Bid procedures used
- _____ Records and inventories of USDA-donated foods
- _____ Sanitation and health reports
- _____ Beneficiary Data Form



PRE-APPROVAL SITE VISIT FORM

Site name: _____ Phone Number _____

Site address: _____

Name of person to contact for use of site: _____

Type of site: _____ Recreational
 _____ School
 _____ Church
 _____ Playground
 _____ Park
 _____ Residential Camp
 _____ Other, Explain _____

Estimated number of children the site could serve: _____

Estimated number of needy children in area: _____

Estimated number of supervisory personnel needed to adequately control the food service: _____

Is another site needed in this area? _____

Is the food preparation area on site? _____ Yes _____ No. If no, what satellite facility will serve this site? _____

Is there a place to store prepared or delivered food? _____

Is there a place to store summer food service records? _____

Describe the facility and equipment available:

Seating capacity _____

Shelter (inclement weather) _____

Refrigeration _____ Milk Coolers _____

Frozen storage _____ Dry storage _____

Stoves _____ Ovens _____

Holding Facilities _____ Serving counters _____

Are all utilities operable? ☐ Gas ☐ Electricity
 ☐ Hot Water ☐ Cold Water
 ☐ Other, Explain _____

Are present facilities adequate to meet the needs of this proposed meal service? _____
If not, comment: _____

Has the facility been inspected by the local county sanitarian? ☐ Yes ☐ No If not,
when will this inspection be made? _____

What types of organized activities are possible or planned at this site? _____

List any deficiencies that have been observed and may need to be repaired before the program
begins: _____

I certify that this site has been inspected before the beginning of the Summer Food Service
Program.

Signature

Date

SITE REVIEW FORM (<i>SELF-PREPARATION PROGRAMS</i>) SUMMER FOOD SERVICE PROGRAM
--

NOTE: To be completed during first four weeks of operation.

Sponsor: _____ Site Name/Number: _____

Site contact:_____	
Name	Title

Site address: _____

Telephone: _____ Date of review: _____

Monitor's arrival time: _____ Departure time: _____

Site supervisor:_____

Regular site: _____ Camp site: _____ Average daily participation: _____
(if applicable)

Today's attendance: _____ Approved meal service time: _____

Type(s) of meals reviewed:

Day of visit	Breakfast	Snack	Lunch	Snack	Supper
# meals prepared					
# meals/milk from previous day					
Time meals were served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					

Food item	Quantity used in preparation	Allowable servings per unit	Number of servings		Short/over
			total available	total needed	

Site Review Form (*Self-Preparation Programs*) Continued

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW
_____	_____	1. Are meals served as a unit? (note if OVS site.)
_____	_____	2. Do meals meet the menu as planned?
_____	_____	3. Do meals meet meal pattern requirements?
_____	_____	4. Are meals served during assigned meal times?
_____	_____	5. Are all meals served and consumed onsite? (Check with sponsor to find out if fruits or vegetables can be taken off-site.)
_____	_____	6. Are meals planned and prepared with one meal per child in mind?
_____	_____	7. Are meals served as second meals excessive?
_____	_____	8. Are accurate point-of-service counts taken of meals served?
_____	_____	9. Does site have a place to serve children meals in case of inclement weather?
_____	_____	10. Is required health department certification available for inspection?
_____	_____	11. Is an inventory record being kept?
_____	_____	12. Are receiving reports and purchase invoices kept?
_____	_____	13. Does staffing pattern correspond to that listed on approved site application sheet?
_____	_____	14. Has site supervisor attended training session?
_____	_____	15. Are records of adult meals being kept?
_____	_____	16. Is there documentation of children's income eligibility, if applicable?
_____	_____	17. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
_____	_____	18. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	19. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	20. Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations?

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption by children (do not include fruits or vegetables taken off-site if allowed by the sponsor and State agency).	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit (do not include if OVS is allowed at the site).	_____	_____
6. Meal serving times not met.	_____	_____

CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION
7. No records	
8. Incomplete records	
9. Poor sanitation	
10. Other	

Corrective action discussed with (name and title):

Corrective action taken:

Site supervisor's comments:

Further action needed by (date):

I certify that the above information is correct:

_____	_____	_____	_____
Monitor's Signature	Date	Site Supervisor's Signature	Date

_____	_____
Sponsor Representative's Signature	Date



SITE REVIEW FORM (VENDED PROGRAMS)
SUMMER FOOD SERVICE PROGRAM

NOTE: To be completed during first four weeks of operations.

Sponsor: _____ Site: _____

Site contact: _____
Name Title

Site address: _____

Telephone: _____ Date of review: _____

Monitor's arrival time: _____ Departure time: _____

Site supervisor: _____

Regular site: _____ Camp site: _____ Average daily participation: _____
(if applicable)

Today's attendance: _____ Approved meal service time: _____

Type(s) of meals reviewed:

	Breakfast	Snack	Lunch	Snack	Supper
Approved level(s) of meal service	_____	_____	_____	_____	_____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# meals delivered					
# meals/milk from previous day					
Time meals delivered					
Time meals served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Offsite Activity Form

Only approved meals served at eligible and approved sites may be claimed for reimbursement. Off-site activities and field trips may be accommodated if approved by the Office of Public Instruction, School Nutrition Program in advance.

Requests must be submitted and received at least one week prior to the activity.

Please complete and mail to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

Today's Date _____

Name of Sponsoring Program _____ Agreement # _____

Name of Site Program _____

Date(s) of offsite activity _____

Location of offsite activity _____

<input checked="" type="checkbox"/>	Check the meals to be consumed offsite	List the # of anticipated children for each meal
	Breakfast	
	Lunch	
	Dinner	
	Snack	

I hereby assure that:

Yes

No

1. Only eligible Children will be served

2. All meals will meet requirements

3. All meals will be properly supervised

Name of person submitting request _____

Sponsor's Signature _____

Contact Phone Number _____

E-mail Address _____

For State Use Only

Date Received _____

Approving Official _____

Sponsor Contacted by: Phone _____ Letter _____ E-Mail _____ In-person _____



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Training Certification

Sponsor Name _____ Agreement Number _____

Address _____
Street City State Zip Code

Date(s) of Training Session(s) _____

Number of Attendees at each Site _____

Subject areas covered in training Session(s) _____

Please complete and mail to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

I certify that required training has been conducted for all sponsor and site personnel to include all applicable federal regulations and that attendance records will be maintained in sponsor files. I also certify that no site will operate the Summer Food Service Program unless site personnel have been trained.

Authorized Signature _____ Date _____



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Enrollment Information

At the beginning of each session, sponsors with camps and enrolled programs must submit actual enrollment numbers for each site.

Please complete and mail to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

Sponsor Name _____ Agreement Number _____

Address _____
Street City State Zip Code

Number of children who qualify for free meals _____

Number of children whose family size and income
exceeds the guidelines for Summer Food Meals _____

I certify that the above information is true and correct and that this information is being given in connection with the receipt of federal funds. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Authorized Signature _____ Date _____

Summer Food Service Program Letter to Households (For Sponsors of Enrolled Sites and Camps)

Dear Parent or Guardian:

To provide attractive and nutritious meals for your children, we are participating in the Montana Office of Public Instruction-Summer Food Service Program. We do not charge families separately for meals because we are partially reimbursed by the federal government for some meal costs.

If your income is equal to or less than the amount listed below for your family size, your child is eligible for free meals. If your child is a member of a food stamp household, or TANF or FDPIR, your child is automatically eligible to receive free program meal benefits.

Effective Summer 2007

Household Size	Year	Month	Week
1.....	\$18,103	\$1,511	\$349
2.....	24,420	2,035	470
3.....	30,710	2,560	591
4.....	37,000	3,084	712
5.....	43,290	3,608	833
6.....	49,580	4,132	954
7.....	55,870	4,656	1,075
8.....	62,160	5,180	1,193
For each Additional Family Member	+6,290	+525	+121

To apply for free meal benefits, you must complete the attached form. Your application for free meal benefits can not be approved unless the attached application is completed according to the directions provided below:

Part A and Part B: Children Enrolled Information - List all of the children in the household for whom application is made. Indicate the grade in school of the child. If your child receives food stamps, TANF or FDPIR household benefits, please indicate the appropriate case number in the space provided and complete Part E. You do not have to complete Parts C or D. If you do not list a food stamp, TANF or FDPIR case number for your children, you must complete Part D. If you received a Notification of Eligibility for School Meals letter from the Montana Department of Public Health and Human Services, return that letter instead of filling out an application.

Part C: Foster Child - If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, your signature and the date in Part E.

Part D: Household and Monthly Income Information - List all members of the household whether they get income or not. A household is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses). Report last month's income for each household member before taxes or anything else is taken out by source.

Part E: Signature and Social Security Information - The adult household member completing the application must sign and date the application. If the child(ren) is not a food stamp, TANF, or FDPIR recipient, the adult signing the application must provide a social security number. If you do not have a social security number, write "none" in the space provided

Part F: Racial Ethnic Information - Completion is voluntary.

REPORTING CHANGES: If your child is approved based on Food Stamp, TANF, or FDPIR information, you must notify us if you no longer receive these benefits.

AVAILABILITY OF BENEFITS: You may apply for benefits at any time during the program year. If you are not eligible now, but have a decrease in household income, an increase in household size, become unemployed, or begin receiving Food Stamps, TANF or FDPIR benefits for your child, complete an application then.

CONFIDENTIALITY: The information you provide on the application will be treated confidentially and will be used only for eligibility determinations.

NONDISCRIMINATION: The USDA is an equal opportunity provider and employer.

If you have any questions or need assistance in completing the application form, please contact us.

Sincerely,

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Please complete the Meal Benefit Form using the instructions below. Sign the form and return it to _____. If you need help, call: # _____

1. CHILD INFORMATION: Print your child's name.

- (a) If you are applying for school meals, include your child's grade and the name of the school.
- (b) If you are applying for meals for child care, include the name of the child care center or the name of the family daycare home provider and the name of the sponsor, if known.
- (c) If you are applying for meals under the Summer Food Service Program (SFSP), please check the box.

2. FOSTER CHILDREN: Complete this Part and sign the form in #5.

- (a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
- (b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
- (c) Complete a separate form for each foster child.

3. OTHER BENEFITS: Complete this Part and sign the form in #5.

- (a) If you are applying for the Summer Food Service Program or school meals, list your current food stamp, FDPIR or TANF case number(s) for your child(ren).
- (b) If you are a family day care home provider applying for child care for tier I benefits, list your current food stamp, FDPIR or TANF case number(s) for you or your child(ren).
- (c) If your child is enrolled in a tier II family day care home, list any other eligible program and case number, if applicable. (See attached List of Other Categorically Eligible Programs.)
- (d) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.

4. ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5.

- (a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for and all other household members.
- (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
- (c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
- (d) If you are a family day care home provider applying for tier I benefits, please provide income documentation supporting your status.
- (e) Sign the form and include your social security number in #5. *If you do not have a social security number, write "none".*

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

- (a) The form must have the **signature** of an adult household member.
- (b) The adult household member who signs the statement must include his/her **social security number**. *If he/she does not have a social security number, write "none".* A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.
- (c) If you are applying for tier I benefits as a family day care home provider, please indicate that in this section.

6. RACIAL/ETHNIC IDENTITY: You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work

Pensions
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business, day care business or farm
living

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security

Disability benefits
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Monthly Income/Self-employment Wages/salaries/tips

Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments

Regular contributions from persons not
in the household

Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income



2007 Application for Free Summer Food Service Program Meals
INCOME ELIGIBILITY FORM FOR SCHOOL YEAR _____
(For Use by Camps and Closed Enrolled Sites)

Complete, sign and return the form to _____.
Please read the instructions. If you need help completing this form, call: _____.

1. CHILD'S NAME:

Last Name _____ First Name _____ M.I. _____

**FOR MEAL BENEFITS IN SCHOOL,
FILL OUT THIS INFORMATION:**

Child's Grade: _____

**FOR MEAL BENEFITS IN CHILD CARE,
FILL OUT THIS INFORMATION:**

Name of Child Care Center: _____

OR

Name of School: _____

Name of Family Day Care Home Provider: _____

Name of Sponsor (if known): _____

**FOR MEAL BENEFITS IN THE SUMMER FOOD SERVICE
PROGRAM (SFSP), CHECK THIS BOX []**

2. Is this a FOSTER CHILD? (See the instructions). If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____. Go to section #5.

3. Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or, for Tier II day care homes, are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: _____ FDPIR case number: _____

TANF case number: _____

(For Parents of children in Tier II day care homes only) Other eligible program and case number: _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names		Current Monthly Income		
Names of Household Members (include the child listed above)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$

Meal Benefit Form

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.

Signature of Adult: _____ Social Security Number: ____ - ____ - ____

Are you a family day care home provider applying for Tier I benefits? Y ☐ N ☐

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation-violations of certain Federal, State and local education, health and nutrition programs.

6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Please mark one of the following ethnic identities:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

For Official Use Only:

Food Stamp/FDPIR/TANF or other eligible benefit program (Tier II day care homes only) household categorically eligible free:

☐ Yes ☐ No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____
Eligibility Classification: Free _____ Reduced Price _____ Paid _____ Temporary: Free _____ Reduced Price _____
Tier I _____ Tier II _____ Time Period: _____

Determining official: _____

Signature: _____ Date: _____

(For Sponsor Use Only)
**SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY STANDARD**

Effective from January 1, 2006 through December 30, 2007

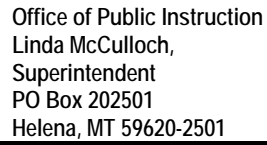
The child is determined needy if the household income is at or below the amount on the table.

If more than one income is reported, all income should be converted to monthly before a determination is made. The conversion formula is as follows:

Monthly Income
Weekly Income x 4.33
Every Two Weeks x 2.15
Semi-monthly Income (twice a month) x 2

Household Size	Yearly	Monthly	Weekly
1	\$18,130	\$1,511	\$349
2	\$24,420	\$2,035	\$470
3	\$30,710	\$2,560	\$591
4	\$37,000	\$3,084	\$712
5	\$43,290	\$3,608	\$833
6	\$49,580	\$4,132	\$954
7	\$55,870	\$4,656	\$1,075
8	\$62,160	\$5,180	\$1,196
For Each Additional Family Member, Add	\$ 6,290	\$ 525	\$ 121

DAILY MEAL COUNT FORM																										
Site Name:												Meal Type (circle) : B L SN SU														
Address:												Telephone:														
Supervisor's Name:										Delivery Time:							Date:									
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available)																								[1]		
First Meals Served to Children (cross off number as each child receives a meal):																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40							
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60							
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80							
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100							
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120							
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140							
141	142	143	144	145	146	147	148	149	150											Total First Meals +	[2]					
Second meals served to children:																										
1	2	3	4	5	6	7	8	9	10																Total Second Meals +	[3]
Meals served to Program adults:																										
1	2	3	4	5	6	7	8	9	10																Total Program Adult Meals +	[4]
Meals served to non-Program adults:																										
1	2	3	4	5	6	7	8	9	10																Total non-Program Adult Meals +	[5]
TOTAL MEALS SERVED =																								[6]		
Total damaged/incomplete/other non-reimbursable meals +																								[7]		
Total leftover meals +																								[8]		
Total of items:												[6]	+ [7]	+ [8]	= [9]											
(Item [9] should be equal to item [1])																										
Number of additional children requesting a meal after all available meals were served:																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15												
By signing below, I certify that the above information is true and accurate:																										
Signature _____												Date _____														



Summer Food Service Program CHILD DAILY MEAL COUNT FORM ENROLLED SITES AND CAMPS

Site Name _____ Date _____

Number of children approved for this site_____

Name	Breakfast	AM Snack	Lunch	PM Snack	Supper
Total Eligible Meals (E)					
Total Ineligible Meals (I)					

Number of children enrolled_____ Number of children eligible for free meals_____

I certify that the above counts are true and correct.

Authorized Signature_____Date_____



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program
ADULT DAILY MEAL COUNT FORM
ENROLLED SITES AND CAMPS

Sponsor_____ Agreement Number_____

Site_____ Month_____

Program Adults				
Name	Breakfast	Lunch	AM/PM Snack	Supper
Total				
Non-Program Adults				
Name	Breakfast	Lunch	AM/PM Snack	Supper
Total				

I certify that the above counts are true and correct.

Authorized Signature_____ Date_____

**SUMMER FOOD SERVICE PROGRAM
MONTHLY MEAL SUMMARY
(SITES CLAIMING SECONDS)**

Key: CH = Children; PA = Program Adults; NPA = Non-Program Adults

Month _____
Agreement Number _____
Sponsor Name _____
Site/Camp _____

Day	Number of meals served to eligible children								Number of ineligible meals served												
	Breakfast		Snack		Lunch		Supper		Breakfast			Snack			Lunch			Supper			
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	CH	PA	NPA	CH	PA	NPA	CH	PA	NPA	CH	PA	NPA	
1																					
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30																					
31																					
Total																					



**SUMMER FOOD SERVICE PROGRAM
MONTHLY MEAL SUMMARY
(SITES NOT CLAIMING SECONDS)**

Key: CH = Children; PA = Program Adults; NPA = Non-Program Adults

Month _____
 Agreement Number _____
 Sponsor Name _____
 Site/Camp _____

Day	Number of meals served to eligible children				Number of ineligible meals served											
	Breakfast	Snack	Lunch	Supper	Breakfast			Snack			Lunch			Supper		
					CH	PA	NPA	CH	PA	NPA	CH	PA	NPA	CH	PA	NPA
1																
2																
3																
4																
5																
6																
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Total																



INVENTORY CONTROL SHEET				
Name of site/sponsor:		Onsite:		
Central kitchen:				
Inventory period:		to		
Beginning inventory: \$				
1. Food item	2. Purchase Unit Size (bag, can etc.)	3. # of units on hand	4. Unit cost	5. Total cost
Ending inventory				\$



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Closing Inventory Report

Sponsor Name _____ Agreement Number _____

Address _____
Street City State Zip Code

Federal Regulations require that the Summer Food Service Program sponsors conduct an ending physical inventory of USDA donated foods remaining at each site operated by the sponsor.

Count the remaining USDA donated foods that were received for the current year Summer Food Service Program and record the amounts (write "0" for items if no inventory remains) after the program has ended.

Mail the completed form to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

USDA Donated Food	Quantity Remaining	Units
Applesauce		6/#10 cans
Apricots		6/#10 cans
Beans, Pinto		6/#10 cans
Beans, Vegetarian		6/#10 cans
Cheese, Sliced		6/5#
Corn		6/#10 cans
Rotini		20#
Peaches		6/#10 cans
Peanut Butter		6/5#
Pears		6/#10 cans
Pineapple Tidbits		6/#10 cans
Salsa		6/#10 cans

I certify that the above listed USDA donated foods are on hand at the end of the Summer Food Service Program and are adequately protected from loss due to improper storage and theft.

Authorized Signature _____ Date _____

TRIP RECORD – Site and Food Service Staff*

Name of Employee:

Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Itinerary

Signature of Employee

*Use this form for any staff performing an **operating** task, specifically related to the food service (e.g. site staff, cooks, etc. transporting meals).



TRIP RECORD – Administrative Staff*

Name of Employee:

Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Itinerary

Signature of Employee

*Use this form for any staff performing an **administrative** task (e.g. monitors, sponsor administrative staff visiting/reviewing sites).



CLAIM FOR REIMBURSEMENT INSTRUCTIONS for the Summer Food Service Program (SFSP)

The Claim for Reimbursement is submitted on line at <http://data.opi.mt.gov/cnp/Login.asp>. The system will not accept claims that are 60 days past the month being reported.

Claim Detail

1. Report the Average Daily Participation, Number of Sites and Operating Days covering the month being reported. Claiming periods may exceed one month. If the program operates for nine days or less in the following or preceding month, include in the month being reported. However, a claim may not cover more than two months. Report the following Items.

Eligible Meals Served

2. Number of eligible child meals served in each category from the Monthly Meal Summary or Monthly Consolidation Form,
3. Second Meals served to students,
4. Total Meals served,

Non-Program Adult Meals Served

5. The total number of non-program Adult Meals Served,

Non-USDA Income to Program

6. The dollar amount collected from Adult Payments,
7. Food Service Contributions,
8. Other Income.

Program Expenses

9. Total Food costs incurred for the month from the Monthly Cost Summary
10. The Labor from the **Monthly Cost Summary**.
11. Other operational expenses, i.e. mileage, nonfood supplies, etc., and
12. Total Operating Expenses.
13. Check if claim is ready to submit and submit.



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program 2007 Reimbursement Rates

Summer Food Service Program MAXIMUM REIMBURSEMENT RATE Expressed in Dollars or Fractions Thereof 2007		
OPERATING COSTS		
Breakfast	1.51	
Lunch or Supper	2.64	
Supplement	0.61	
ADMINISTRATIVE COSTS	Meals served at rural or self-preparation sites	Meals served at other types of sites
Breakfast	0.1500	0.1200
Lunch or Supper	0.2750	0.2300
Supplement	0.0750	0.0600

USDA DONATED FOODS
For the Summer Food Service Program

**THE FOLLOWING USDA DONATED FOODS WILL BE AVAILABLE ON AN
ALLOCATED FAIR SHARE BASIS. SPONSORS WILL BE REQUESTED TO MAKE A
CHOICE OF SPECIFIC ITEMS UP TO THEIR ALLOCATED DOLLAR AMOUNT.**

Cheese, Sliced

Applesauce

Beans, Pinto

Apricots

Beans, Vegetarian

Peaches

Corn, Canned

Pears

Peanut Butter

Pineapple Tidbits

Mixed Fruit

Rotini

Salsa

Summer Food Service Program (SFSP) Meal Pattern Requirements

	Breakfast	Lunch or Supper	Snack ¹ (Choose two of the four)
Milk Milk, fluid	1 cup (8 fl. oz.) ²	1 cup (8 fl. oz.) ³	1 cup (8 fl. oz.) ²
Vegetables and/or Fruits Vegetable(s) and/or fruit(s) or Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetables(s), fruit(s), and juice	½ cup ½ cup (4 fl. oz.)	¾ cup total ⁴	¾ cup ¾ cup (6 fl. oz.)
Grains and Breads⁵ Bread or Cornbread, biscuits, rolls, muffins, etc. or Cold dry cereal or Cooked pasta or noodle product or Cooked cereal or cereal grains or an equivalent quantity of any combination of grains/breads	1 slice 1 serving ¾ cup or 1 oz. ⁶ ½ cup ½ cup	1 slice 1 serving ½ cup ½ cup	1 slice 1 serving ¾ cup or 1 oz. ⁶ ½ cup ½ cup
Meat and Meat Alternates Lean meat or poultry or fish or alternate protein product ⁷ or Cheese or Eggs or Cooked dry beans or peas or Peanut butter or soy nut butter or other nut or seed butters or Peanuts or soy nuts or tree nuts or seeds or Yogurt, plain or sweetened and flavored or An equivalent quantity of any combination of the above meat/meat alternates	(Optional) 1 oz. 1 oz. 1/2 large egg ¼ cup 2 tbsp. 1 oz. 4 oz. or ½ cup	 2 oz. 2 oz. 1 large egg ½ cup 4 tbsp. 1 oz.= 50% ⁸ 8 oz. or 1 cup	 1 oz. 1 oz. 1/2 large egg ¼ cup 2 tbsp. 1 oz. 4 oz. or ½ cup

For the purpose of this table, a cup means a standard measuring cup.
Indicated endnotes can be found on the next page.



Endnotes to Meal Pattern Requirements for SFSP:

1. Serve two food items. Each food item must be from a different food component. Juice may not be served when milk is served as the only other component
2. Must be served as a beverage or on cereal, or part for each purpose.
3. Must be served as a beverage.
4. Serve two or more kinds of vegetables(s) and/or fruits(s) or a combination of both. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.
5. All grain/bread items must be enriched or whole-grain, made from enriched or whole-grain meal or flour, or if it is a cereal, the product must be whole-grain, enriched or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour.
6. Either volume (cup) or weight (oz.) whichever is less.
7. Must meet the requirements in Appendix A of the SFSP regulations.
8. No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. When determining combinations, 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry, or fish.

PRODUCTION RECORD

Summer Food Service Program (SFSP)

Date: _____

Type of Meal: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Dinner

First Meal Served (Time): _____ Last Meal Served (Time): _____

Meals Served:

Student: _____ Adult: _____
 First Meals: _____ Program Adults: _____ Total Meals Planned: _____
 Second Meals: _____ Non-program Adults: _____ Total Meals Served: _____

Menu: _____

Planned Serving Size:	Components	Total Quantity Food Used	Total Number of Servings
	Meat/Meat Alternate (<i>2 oz. minimum</i>)		
	Fruits and Vegetables (<i>3/4 cup minimum, at least 2 different kinds</i>)		
	Bread/Grain (<i>1 oz./day minimum</i>)		
	Fluid Milk (<i>specify type, 8 oz. minimum</i>)		
	Other Food (<i>not in meal pattern</i>)		



SUMMER FOOD SERVICE PROGRAM RECEIVING SITE RECORD

Completed by Central Kitchen	
Receiving Site_____	Date_____
Number of Meals Ordered_____	Time Food Sent_____

Menu	Comments

Completed by Site Supervisor						
Serving Size	Food Items	Servings Per Pan	Pan Count	Food Temp	Amount Received	Over or Short

Completed by Receiving Site – Site Supervisor	
Number of Meals Served_____	Time Food Received_____
Child _____	
Adult _____	
Leftover_____	
Site Supervisor: Return completed form to Central Kitchen daily.	
<div style="border-top: 1px solid black; width: 30%; margin: 0 auto;"></div> Signature of Site Supervisor	

Revised 04/07

